

**COVER PAGE - Part 1**

**Proposal for Ultraviolet, Visible, and  
Gravitational Astrophysics Research and Analysis Program**

**NRA 97-OSS-01**

PRINCIPAL INVESTIGATOR			
<i>Title</i>	<i>First Name</i>	<i>Middle Name</i>	<i>Last Name</i>
PROPOSAL TITLE			
RESEARCH CATEGORY <span style="float: right;"><i>(check one)</i></span>			
<input type="checkbox"/> 1. Supporting UV Technology		<input type="checkbox"/> 2. Laboratory Astrophysics	
<input type="checkbox"/> 3. Relativity & Gravitation		<input type="checkbox"/> 4. Ground-Based Astronomy	
INSTITUTION			
DEPARTMENT			
STREET ADDRESS			CITY/TOWN
STATE/COUNTY		ZIP/POSTAL CODE	COUNTRY
TELEPHONE		FAX	E-MAIL ADDRESS

ABSTRACT (800 CHARACTERS MAXIMUM INCLUDING SPACES, ~ 150 WORDS)
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**COVER PAGE - Part 2**

**Proposal for Ultraviolet, Visible, and  
Gravitational Astrophysics Research and Analysis Program**

**NRA 97-OSS-01**

<b>PRINCIPAL INVESTIGATOR</b>			
<i>Title</i>	<i>First Name</i>	<i>Middle Name</i>	<i>Last Name</i>
<b>SIGNATURE</b>		<b>DATE</b>	
<b>PROPOSAL TITLE</b>			

<b>CO-INVESTIGATOR(S) NAME</b>	<b>INSTITUTION</b>
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<b>INSTITUTIONAL ENDORSEMENT</b>	
Name of Official	
<b>ADMINISTRATIVE AUTHORITY</b>	
<b>INSTITUTION</b>	
<b>SIGNATURE</b>	<b>DATE</b>

<b>BUDGET SUMMARY:</b>	<i>YEAR 1</i>	<i>YEAR 2</i>	<i>YEAR 3</i>
<b>TOTAL AMOUNT REQUESTED:</b>			

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**Certification Regarding Drug-Free Workplace Requirements**  
**Grantees Other Than Individuals**

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This certification is required by the regulations implementing the Drug-Free Workplace Act of 1988, 34 CFR Part 85, Subpart F. The regulations, published in the January 31, 1989 Federal Register, require certification by grantees, prior to award, that they will maintain a drug-free workplace. The certification set out below is a material representation of fact upon which reliance will be placed when the agency determines to award the grant. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or government-wide suspension or debarment (see 34 CFR Part 85, Sections 85.615 and 85.620).

This grantee certifies that it will provide a drug-free workplace by:

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establishing a drug-free awareness program to inform employees about -

- (1) The dangers of drug abuse in the workplace;
- (2) The grantee's policy of maintaining a drug-free workplace;
- (3) Any available drug counseling, rehabilitation, and employee assistance programs, and
- (4) The penalties that may be imposed upon employees for drug abuse violations in the workplace;

(c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);

(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will -

- (1) Abide by the terms of the statement; and
- (2) Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction;

(e) Notifying the agency within ten days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction;

(f) Taking one of the following actions, within 30 days of receiving notice under subparagraph (d)(2) , with respect to any employee who is so convicted -

- (1) Taking appropriate personnel action against such an employee, up to and including termination; or
- (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraph (a), (b), (c), (e), and (f).

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Organization Name

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PR/Award Number or Proposal Name

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Name and Title of Authorized Representative

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Signature

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Date

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**Certification Regarding  
Debarment, Suspension, and Other Responsibility Matters  
Primary Covered Transactions**

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This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 34 CFR Part 85, Section 85.510, Participant's responsibilities. The regulations were published as Part VII of the May 26, 1988 Federal Register (pages 19160-19211).

- (1) The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
- (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
  - (b) Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
  - (c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
  - (d) Have not within three-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.
- (2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

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Organization Name

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PR/Award Number or Proposal Name

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Name and Title of Authorized Representative

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Signature

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Date

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**Certification Regarding Lobbying**

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**Certification for Contracts, Grants, Loans, and Cooperative Agreements**

The undersigned certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000, and not more than \$100,000 for each such failure.

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Signature and Date

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Name and Title of Authorized Representative

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Organization Name

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PR/Award Number or Proposal Name

# UV/VIS/GRAV RESEARCH & ANALYSIS PROGRAM

FY 19\_\_\_\_

NRA 97 -  
OSS-01

Principal Investigator	Institution		
<b>A. Salaries of Senior Personnel at PI Institution</b>	Monthly or Hourly Rate	No. of Months	Funds
1. PI			\$
2. Co-I			
3. Co-I			
4. Co-I			
Other (TOTAL FROM SHEET 2)			
<b>B. Salaries or Wages, Other Personnel (show numbers in parentheses)</b>			
1. (    ) Post Doctoral Associates			
2. (    ) Other Professionals (Technicians, Programmers, etc.)			
3. (    ) Graduate Students			
4. (    ) Undergraduate Students			
5. (    ) Clerical			
6. (    ) Other (TOTAL FROM SHEET 2)			
TOTAL SALARIES			
<b>C. Fringe Benefits (if charged as direct costs; specify)</b>	<u>% Rate</u>	<u>Base</u>	
TOTAL FROM SHEET 2			
TOTAL FRINGE			
<b>SUB-TOTAL: Salaries, Wages &amp; Fringe Benefits (A+B+C)</b>			<b>\$</b>

D. EQUIPMENT (itemize here and Sheet 2)		
		TOTAL FROM SHEET 2
<b>SUB-TOTAL: Equipment Cost</b>		\$
E. Total Travel, Domestic (inc. Canada, U.S. Possessions)		TOTAL FROM SHEET 2
Total Travel, Foreign		TOTAL FROM SHEET 2
<b>SUB-TOTAL: All Travel</b>		\$
F. Other Direct Cost (Itemize on Sheet 2)		
1. Materials and Supplies		
2. Publication Costs (rate/page x no. of pages)		
3. Institutional Computer Services (rate/hr)		
4. Subgrants/Contracts with Co-I's at other institutions (Itemize on Sheet 2)		
5. Other (specify)		
<b>SUB-TOTAL: Other Direct Cost</b>		\$
<b>G TOTAL - All Direct Cost (A through F)</b>		\$
H. Indirect Cost      Itemize on Sheet 2 (specify)		
TOTAL INDIRECT		\$
I. TOTAL FY REQUEST (G+H)		
<b>TOTAL REQUEST</b>		
Cognizant Institutional Officer (Name & Signature)		

## BUDGET FORM (Sheet 2)

For Itemization of Categories A-H for FY 19\_\_

<b>A</b> Additional Senior Salaries		
.		
TOTAL SENIOR SALARIES		\$
<b>B</b> Additional Other		
. Wages/Salaries		
TOTAL OTHER WAGES		\$
<b>C</b> Additional Fringe Benefits		
.		
TOTAL FRINGE		\$
<b>D</b> Additional Equipment (itemize)		
.		
TOTAL EQUIPMENT		\$



<b>E</b> Travel (itemize)		
.		
DOMESTIC:		
TOTAL DOMESTIC TRAVEL		\$
FOREIGN:		
TOTAL FOREIGN TRAVEL		\$
<b>F</b> Other Direct Costs		
.		
TOTAL OTHER DIRECT		\$
<b>H</b> Other Indirect Costs		
.		
TOTAL OTHER INDIRECT		\$

TRANSFER TOTALS TO MAIN BUDGET FORM FOR FY 19\_\_\_\_